What is already known on this topic

Systematic reviews of randomised controlled trials are an established way of efficiently summarising multiple studies to provide an easily accessible evidence base for making decisions about healthcare interventions

In recent years many journals have published systematic reviews on accuracy of diagnostic tests, but the quality and usefulness of these reviews has not been systematically assessed

What this study adds

The reliability and clinical relevance of published systematic reviews of diagnostic tests are compromised by poor review methods and poor reporting

Systematic reviews of diagnostic tests require improved reporting of detailed information about the design, conduct, and results of the included primary studies, as well as review methods, as will be required in the forthcoming Cochrane Reviews of Test Accuracy

Selection bias, however, was discussed in 14 reviews, 10 of which did not report or were unclear about the method of selection of patients. So, though many reviews discussed different types of bias, they did not always provide the information that would enable a reader to assess the risk of bias.

In our sample we found the quality of reviews completed for the purpose of clinical guidelines was poor, with worrying implications if these are the reviews guiding clinical practice. Reviews of diagnostic tests would be better carried out separately from the preparation of clinical guidelines.

Conclusions

Systematic reviews of diagnostic tests are complex and require reporting of detailed information about the design, conduct, and results of the included primary studies to ensure reviews are useful. We have shown the current poor quality of published reviews and indicated areas for improvement.

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Corrections and clarifications

Regulation and revalidation of doctors

Some readers might have been misled by the subtitle we added to this editorial by Mike Pringle (*BMJ* 2006;333:161-2, 22 Jul). The subtitle "England's chief medical officer's report should resolve the uncertainty" might suggest that the report (by Sir Liam Donaldson) related only to England. This is not the case. Professor Donaldson is indeed the chief medical officer for England, but the report (and the editorial) concerned medical regulation throughout the United Kingdom (the General Medical Council is the regulatory body and covers all UK countries). The same lack of clarity was evident in the first news article, by Andrew Cole, in the same issue (p 163).

Variant Creutzfeldt-Jakob disease: prion protein genotype analysis of positive appendix tissue samples from a retrospective prevalence study

An error in the electronic processing of this paper by James W Ironside and colleagues resulted in the second part of his email address being omitted (*BMJ* 2006;332:1186-8, 20 May). Correspondence about this paper should be emailed to james.ironside@ed.ac.uk.

A bipolar story

A technical editor's fumble fingered typing led to Raquel Duarte, the author of this filler (*BMJ* 2006;333:245, 29 Jul), being given an incorrect email address. Her correct address is s0126305@sms.ed.ac.uk.